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UNITED STATES SECURITIES AND EXCHANGE COMMISSION PECEIVER

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response ...

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

MAY 1 9 2003

SEC USE ONLY Prefix Serial DATE RECEIVED

Private Placement of Common Sto	ick					
Filing Under (Check box(es) that apply):	Rule 504	Rule	505	Rule 506	Section 4(6)	ULOE
Type of Filing:	New Filing		- Amendment	_		
	A. BA	SIC IDENTIF	ICATION	DATA		110 1010 11011 CHES 11111 BAIRS 11125 1
Enter the information requested about		010 1021111	10.1110			
Name of Issuer (check if this is an amend		has changed, a	nd indicate of	change)		## # # # # # #########################
Solarverse Technologies, Inc.				0 /		03020500
Address of Executive Offices (Number and Stre	et, City, State, Z	ip Code)	~			per (Including Area Code)
8785 S. Gessner, Houston, Texas	77074				(713) 770-0	722
Address of Principal Business Operations (if different from Executive Offices)	(Number and S	Street, City, Sta	ate, Zip Code	=)	Telephone Num	ber (Including Area Code)
Brief Description of Business						
Security technology company						
Type of Business Organization						
corporation		<u> </u>		, already form		Other (please specify):
business trust		limited	l partnership	, to be formed	d	
	N	1onth	Ye	ar		
Actual or Estimated Date of Incorporation or Organization:	0	7	0	1		Estimated
Jurisdiction of Incorporation or Organization:	•	er U.S. Postal a; FN for other			State: T	X PROCE
GENERAL INSTRUCTIONS						MAY 21
Federal: Who Must File: All issuers making an offering	r of nonveition in	ralianas an	avametic-	under Demile	ation D or Section 4(6)	17 CEP 220 501 ATHOM
15 U.S.C. 77d(6).	; or securities in	renance on an	exemplion	under Kegura	ition D of Section 4(0)	, 17 CFR 230.301 et FINAN
When to File: A notice must be filed no later th						
and Exchange Commission (SEC) on the earlier on which it is due, on the date it was mailed by					n below or, if received	at that address after the date
Where to File: U.S. Securities and Exchange Co					549.	
Copies Required: Five (5) copies of this notice	must be filed wi	ith the SEC, or	e of which i			es not manually signed must
be photocopies of the manually signed copy or a Information Required: A new filing must contain				reed only ren	ort the name of the iccu	er and offering any changes
thereto, the information requested in Part C, and						
need not be filed with the SEC.	•	v				.,
Filing Fee: There is no federal filing fee.						
State: This notice shall be used to indicate reliance or	a the Uniform Li	mited Offering	Exemption	(ULOE) for	sales of securities in th	iose states that have adopted
	relying on ULO	E must file a s	eparate notic	e with the Se	curities Administrator	in each state where sales are
ULOE and that have adopted this form. Issuers	the movement of					
ULOE and that have adopted this form. Issuers to be, or have been made. If a state requires					ine Annendix to the no	
ULOE and that have adopted this form. Issuers to be, or have been made. If a state requires accompany this form. This notice shall be filed		ite states in acc	ordance with	n state law. I	The rependix to the ne	dice constitutes a part of this
ULOE and that have adopted this form. Issuers to be, or have been made. If a state requires		ite states in acc	ordance with	n state law. I	the rippendix to the ne	dice constitutes a part of this

		A. BASIC IDE	NTIFICATION DATA		
2. Enter the information requ		-			
-		•	anized within the past five	•	10/ or man of a class of conity
	of the issuer,	R me hower to knie or mis	pose, or affect me vote of	disposition of, it	% or more of a class of equity
		irector of corporate issuer	s and of corporate general	and managing pa	artners of partnership issuers; and
Each gene	ral and managing r	partner of partnership issu			•
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Eric Anthony	individual)				
Business or Residence Addres	s (Number and Str	eet. City. State. Zin Code)		
8785 S. Gessner, Hou			,		
Check Box(es) that Apply			Executive Officer	[] Dissates	□ Constant/or
	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if David Burba	iikiivkiuai)				
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)		
378 N. Shore Lane, G	-	• • • • • • • • • • • • • • • • • • • •	,		
Check Box(es) that Apply	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or
Check Don(cs) and rippry	Птощощ	Denerican owner		∐ Бисска	Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)		
	•		•		
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Str	eet. City. State. Zin Code)		
		, - ,,	,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)		
	-	/ .			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Exècutive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		***		
Preinage or Decidence Adda	e (Number and St	eat City State 7in Code	<u> </u>		
Business or Residence Addres	olic dar commut) e	out, City, State, Zip Code,	,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				MANAGER LUITIO
Business or Residence Addres	s (Number and Stre	eet, City, State, Zip Code)		
		·			
	(Use blank	c sheet, or conv and use a	dditional conies of this she	eet, as necessary.	ì

					В.	INFORMA	TION ABO	OUL OFFEI	KING				
												Ye	s No
1.	Has th	e issuer sol	ld, or does t	the issuer in	tend to sell	l, to non-acc	redited inve	estors in this	offering?		***************************************		\boxtimes
				Answ	er also in A	Appendix, C	olumn 2, if	filing under	ULOE				
2.	What i	is the minir	num invest	ment that w	ill be accep	oted from an	y individua	ıl				····· \$	n/a
		•										Yes	
3.		_			-							_	
4.	similar is an a broker	r remunerat associated p or dealer.	tion for solution for a lf more the	icitation of pagent of a b	purchasers roker or de persons to	in connection in	on with sale red with S	paid or given, es of securiti EC and/or w persons of s	es in the offer th a state o	ering. If a per r states, list	erson to be	listed of the	
Full	Name (I	Last name i	first, if indi	vidual)									
Busi	iness or l	Residence	Address (N	umber and	Street, City	, State, Zip	Code)						
			·						·				
Nam	ne of Ass	sociated Br	oker or Dea	aler									
State						Solicit Purc	hasers				<u>. </u>		
i				c individual	•								All States
-	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [Ml]	[GA] [MN]	[HI] [MS]	[ID] [MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
-	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[MV]	[WI]	[WY]	[PR]
Full	Name (I	ast name f	irst, if indiv	vidual)					· · · · · · · · · · · · · · · · · · ·				
		 											
Busi	ness or I	Residence A	Address (N	umber and S	street, City	, State, Zip (Code)						
Nam	ne of Ass	ociated Bro	oker or Dea	ıler									
State				Solicited or	r Intends to	Solicit Purc	hacare						
	(es" or check		States)								All States
	[AL]	[AK]	es" or check		States) [CA]	[CO]		[DE]	[DC]			[HI]	
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	[IL] [MT] [RI]	[IN] [NE] [SC]	[AZ] [IA] [NV]	c individual [AR] [KS] [NH] [TN]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[MS] [OR]	[ID] [MO] [PA]
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Full Busi Nam	[IL] [MT] [RI] Name (I ness or I ne of Ass es in Wh. (Check [AL]	[IN] [NE] [SC] Last name for the second sec	[AZ] [IA] [IV] [SD] First, if individuals in the content of the c	individual [AR] [KS] [NH] [TN] vidual) umber and S aler Solicited or a individual [AR]	[CA] [KY] [NJ] [TX] Street, City r Intends to States) [CA]	[CO] [LA] [NM] [UT] , State, Zip O Solicit Pure [CO]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [MV]	[GA] [MN] [OK] [WI]	[MS] [OR] [WY]	[ID] [MO] [PA] [PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	OCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none' or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ 10,000	\$ 10,000
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	
	Total	\$ 10,000	3 10,000
	Answer also in Appendix, Column 3, if filing under ULOE.	·	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$10,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		<u> </u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		□ _{\$}
	Printing and Engraving Costs		□ _{\$}
	Legal Fees		⊠ _{\$1,000}
	Accounting Fees		□ _{\$}
	Engineering Fees	•••••	□ _{\$}
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify)		□ _s
	Total		⊠ _{\$} 1,000
	- VML		1,000

	C. OFFERING PRICE, NU	UMBER OF INV	ESTORS, E	KPENSES AND USE O	F PROCE	EDS		
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part proceeds to the issuer."						\$	9.000
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for a the box to the left of the estimate. The total proceeds to the issuer set forth in response to Par	of the payments	known, furni listed must o	sh an estimate and check			·	· · · · · · · · · · · · · · · · · · ·
					O Dire	ments to fficers, ectors, & ffiliates		ents To hers
	Salaries and Fees		***************************************		\square s	[$\supset_{\mathbf{S}}$	
	Purchase of real estate		***************************************	******	□ s		□ s	·····
	Purchase, rental or leasing and installation of made	chinery and equip	nent				⊐ ₅	
	Construction or leasing of plant buildings and fac	cilities		••••••	□ s		□ _{\$}	
	Acquisition of other businesses (including the value be used in exchange for the assets or securities of				□ \$	[\$	
	Repayment of indebtedness		•••••		□ s		□	
	Working capital				⊠ s	9,000	□ s	
	Other (specify):				□ _{\$}	[□ s	
	Column Totals				⊠ s	9,000,6	7.	
	Total Payments Listed (column totals added)					<u>9,000</u> L	3 9.000	
	10th 1 ayricins Listed (commit totals added)		***************************************		•	_ •	9,000	
		D. FEDER	AL SIGNAT	URE				
sigr	issuer has duly caused this notice to be signed by ature constitutes an undertaking by the issuer to armation furnished by the issuer to any non-accredite	furnish to the U.S	Securities	and Exchange Commissi				
Issu	er (Print or Type)	Signature				Date		
So	larverse Technologies, Inc.					5-	-13-0	つ ろ
Nar	ne of Signer (Print or Type)	Title of Signer (Pri	nt o Type)		-			
Er	ic Anthony	President	ERIC	Authory				

Intentional misstatements or omissions of fact constitute federal criminal violations (See 18 U.S.C. 1001).